Health Canada Santé Canada

Canadian Guidelines for

Sexual Health Education

Canada

Errata

In the **Table of Contents**. Principle 3 should read:
Effectiveness and Sensitivity of educational approaches and methods

This also applies to the headings on pages 22 and 24.
Therefore, on page 24, **A Checklist for Principle 3 should read as follows:**

Effectiveness and sensitivity of educational approaches and methods

The sexual health education activity, program or policy incorporate effective and sensitive educational approaches and methods as suggested in the Guidelines.

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The document is also available in alternative formats upon request.

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Preface

History of the *Canadian Guidelines for Sexual Health Education*

The original *Guidelines* were developed on the recommendations of the Expert Interdisciplinary Advisory Committee on Sexually Transmitted Diseases in Children and Youth (EIAC-STD), and the Federal/Provincial/Territorial Working Group on Adolescent Reproductive Health. Prior to development, the central theme that emerged from the Committee and the Working Group discussions was the need for comprehensive and accessible sexual health education that would provide opportunities for individuals of all ages to become increasingly empowered to manage the range of sexual health issues they encounter at different stages of their lives.

The Committee and Working Group recognized that educational programs promoting "healthy sexuality" and "sexual health" are an important component of health education in schools, public health units and other community settings. At that time, they noted that no clear statement of principles existed to guide and unify professionals working in this area. Hence, a national working group (see Appendix I) proceeded to develop the *Canadian Guidelines for Sexual Health Education*, which was subsequently published in 1994.

However, since its publication in 1994, the *Guidelines* have not been up-dated or reprinted. Feedback received from experts in the field at consultation meetings and focus group sessions (see Appendix II) clearly indicated the need for revisions and further additions to the *Guidelines*. Therefore, after extensive consultation, the revised version of the *Guidelines* was developed based upon recommendations provided throughout the review process. The revised document reflects the diverse needs of its users.

Both the original and revised versions of the *Guidelines* were developed with the expertise of professionals in various areas of sexual health, including education, public health, women's issues, health promotion, medicine, nursing, social work, and psychology. The *Guidelines* are grounded on evidence-based research placed within a Canadian context.

Goals and Objectives of the *Guidelines*

Sexual health is a major aspect of personal health that affects people at all ages and stages of their lives. In recognition of this, health promotion programs across Canada focus on enhancing sexual health and reducing sexual problems among various groups in our society.

The *Guidelines* are intended to unite and guide individuals and professionals working in the area of sexual health education and promotion, in particular, curriculum and program planners, educators in and out of a school setting, policy-makers, and health care practitioners. The *Guidelines* offer clear direction to assist local, regional and national groups as well as organizations and government bodies concerned with education and community health to further develop and improve sexual health education policies and programs that address the diverse needs of Canadians.

The *Guidelines* are not intended to provide specific curricula or teaching strategies. They provide the framework for evaluating existing sexual health education programs policies, and related services available to Canadians. They are also meant to guide professionals in the development of new and effective programs that reinforce behaviours that support sexual health. In addition, the *Guidelines* offer educators and administrators a broader understanding of the goals and objectives of sexual health education.

The principles outlined in the *Guidelines* include the concept of community participation and individual choice as key components of health promotion. Sexual health education is a broadly based, community-supported initiative in which the individual's personal, family, religious and social values are taken into consideration.

The terms "sexual health" and "healthy sexuality" are widely used in federal, provincial and local health promotion initiatives. Such initiatives are designed to support the positive integration of sexuality and the prevention of sexual health problems, at all ages and stages of people's lives. The terms "sexual health" and "sexual health education" mean different things to different people, depending on their experiences, values and customs. This document recognizes and welcomes these differences.

Introduction

The Goals and Elements of Sexual Health Education

Canadians view health as a positive aspect of well-being, and not simply as the absence of illness or disease. There is a growing awareness that when individuals act on their knowledge about health-related issues, such as healthy eating and active living, they can improve the quality of their lives and avoid potential health problems.

Interest in the goals of health enhancement and problem prevention also includes the area of sexual health. For example, all provinces and territories now have school curricula that address sexual health as one component of their overall health promotion plans. At the same time, HIV/AIDS, Sexually Transmitted Infections (STIs)[1], teen pregnancy, sexual abuse, sexual harassment, sexual assault, and other personal and societal problems demonstrate the need for preventive measures to help individuals avoid circumstances that are harmful to sexual health.

Sexual health is a major, positive part of personal health and healthy living. Sexual health education should be available to all Canadians as an important component of health promotion programs and services. The goals of sexual health education as outlined in the *Guidelines* are as follows:

i. to help people achieve positive outcomes (e.g. self-esteem, respect for self and others, non-exploitive sexual relations, rewarding sexual relationships, the joy of desired parenthood); and

ii. to avoid negative outcomes (e.g. unintended pregnancy, HIV/STIs, sexual coercion, sexual dysfunction).

Achievement of these goals will result in major advancements for the sexual health of Canadians. However, studies have indicated that both unemployment and lower socio-economic status are associated with poorer health[2]. For this reason, efforts to promote sexual health and avoid sexual health problems should be reinforced by a social environment that seeks to enhance educational and employment opportunities in order to reduce socio-economic marginalization.

> *For example*, individuals with higher levels of education significantly increase their chances of obtaining better employment and higher social and economic status, resulting in improved working conditions. Health status (including sexual and reproductive health) increases with one's level of formal education. In women, higher levels of education are linked to fewer unintended pregnancies.[3]

[1] The term STI (Sexually Transmitted Infection) is now commonly used in the place of STD (Sexually Transmitted Disease). STI is more encompoassing, including infections that may be asymptomatic (where there are no apparent symptoms). The acronym STI will be used throughout this document.

[2] Health Canada, 1999.

[3] *Report from Consultations on a Framework for Sexual and Reproductive Health*, 1999.

Sexual health education may be viewed as a sensitive and somewhat controversial issue. However, if controversy does arise, it can be seen as an opportunity to investigate, consider, and critically examine different perspectives of sexual health education.

This document proposes a framework that outlines the philosophical and guiding principles for the development, delivery and evaluation of sexual health education. The guideline statements support each principle and provide the context for effective sexual health education programs and policies in Canada.

How to Use the *Guidelines*

Readers should begin by reviewing the section on Key Concepts. This section, which provides the foundation for the *Guidelines*, outlines a list of terms (e.g. health, health promotion, sexual health, and sexual health education) that are used throughout the document. It provides the users with definitions and examples that help them to understand how these words can be used in different contexts and in various disciplines.

The proposed Framework for Sexual Health Education (see Figure 1) describes the path through which philosophy and guiding principles can be used to guide programs and practices designed to enhance sexual health and avoid negative sexual health outcomes.

The basic principles and strategies provide direction for current and future program planning and policy development. The Checklists supply individuals with a tool they can use to evaluate or review their own programming.[4] They can also help people working in the field to review and compare other sexual health education programming available at the local, federal, provincial and territorial levels of government. Action plans developed from the results of these evaluations can help identify gaps in services in order to improve the sexual health of all Canadians.

The *Guidelines* discuss in detail the components of an effective sexual health education program (see Figure 2). This section can be used to help plan, develop and deliver sexual health education programs and initiatives that will help individuals to gain the knowledge, motivation, personal insight and behavioural skills to achieve positive sexual health outcomes.

The new Research section of the *Guidelines* on the "Importance of Theory and Research in Sexual Health Education", documents the ways in which evidence-based research can be used in the development and updating of sexual health education programs. This section also shows that programs based on well-tested theoretical models such as the Information, Motivation and Behavioural Skills (IMB) Model adopted by the *Guidelines*, are most likely to achieve their intended outcomes.

[4] As a companion to the checklists that allows readers to assess the extent to which their programs reflect the Philosophy and Principles of the *Guidelines*, Appendix I offers examples of the kinds of criteria that might be used in doing such an assessment or in revising programs consistent with the *Guidelines*.

Key Concepts

Health

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[5]

This definition captures the notion of "positive health", which involves not only the elimination of specific health problems, but also "improved quality of life, efficient functioning, the capacity to perform at more productive or satisfying levels, and the opportunity to live out [one's] lifespan with vigour and stamina.[6]

Health Education

"Health education is any combination of learning experiences designed to facilitate voluntary actions conducive to health."[7] It is "...a practical endeavour focused on improved understanding about the determinants of health and illness and helping people develop the skills they need to bring about change."[8]

Several types of educational activities emerge from these definitions:

"...ensuring that high quality health information is available in a readily understandable form to every citizen who needs it.

...developing people's ability to understand and take control of their health status, through skill development and critical consciousness-raising.

...putting health issues on the agenda of policy makers and encouraging them to develop policies that will promote health.

...[enabling] people to organize themselves to take direct social action [in support of their health] based on their own priorities."[9]

[5] World Health Organization (WHO), 1975
[6] Green and Kreuter, 1991
[7] ibid
[8] French, 1990
[9] ibid

Health Promotion

Health Promotion encompasses the principles that underlie a series of strategies that seek to foster conditions that allow populations to be healthy and to make healthy choices.[10]

"The range of strategies draws upon multiple fields of thought...The fact that health promotion refers to a collection of strategies that can be applied to many health and development issues means that these strategies must operate within the context of something else [such as] "empowerment", "advocacy", "communications", "education", "social mobilization", "community participation"[etc.]. These words of health promotion adherents have little meaning when addressed in isolation. They are not ends in themselves, but means to achieving healthier and fuller lives."[11]

"Health promotion has emerged as a cornerstone of contemporary public health that aims to advance the physical, social, [sexual, reproductive], and mental health of the wider community.

Health education is an integral component of health promotion...[that] addresses the broader environmental and lifestyle determinants that impact health...Health education and health promotion must highlight responses to health determinants and positive lifestyles in addition to building a supportive environment for prevention of disease, promotion, and protection of health."[12]

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses biological sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.[13]

[10] World Health Organization (WHO). Background Information and Health Promotion, 2001

[11] ibid

[12] World Health Organization (WHO). Education for Health Promotion: Report of an Intercountry Expert Committee Meeting, 2002

[13] ibid

Sexual Health

Sexual health is a state of physical, emotional, mental and societal well-being related to sexuality. It is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be protected and fulfilled.[14]

Despite the optimistic appeal of such definitions, individuals should be aware of the challenges involved in defining sexual health (see Defining Sexual Health).

Sexual Health Education

Sexual health education is concerned with the well-being of individuals. It recognizes that individuals have responsibilities, and are affected by each other and by the social environment in which they live. Sexual health education is one important aspect of health promotion.

Sexual health education is a broadly based, community-supported activity that requires full participation of the educational, medical, public health, social welfare and legal systems in our society. It involves the individual's personal, family, religious, and social values in understanding and making decisions about sexual behaviour and implementing those decisions.

Sexual health education promotes behaviours that help individuals to achieve positive results and avoid negative outcomes. It employs a combination of learning experiences including access to age-appropriate information, motivational supports, and opportunities to develop the skills needed for individual sexual adjustment and for satisfying interpersonal relationships.

It enables individuals, couples, families and communities to develop the knowledge, motivation and behavioural skills needed to enhance sexual health and to avoid sexual health-related problems. Sexual health education that integrates these components in program development can have positive effects on an individual's sexual health choices and practices.

Effective sexual health education maintains an open dialogue that respects individual beliefs. It is sensitive to diverse needs of Canadians irrespective of their gender, sexual orientation, ethnicity, culture and religious backgrounds.

[14] Op. cit., French

Defining Sexual Health Education

Introduction

The *Canadian Guidelines for Sexual Health Education* have adopted the World Health Organization's (WHO) definition of sexual health because it incorporates the life-enhancement and problem-prevention components of sexual health. This is an important aspect of the philosophy and content of the *Guidelines'* statements. Despite the appeal associated with this definition, sexual health educators should be aware of the problems that can arise when attempting to define sexual health.

The Social Construction of Sexual Health: Different Views about the Definition of Sexual Health

Ideas and norms about sexuality and health come from a variety of sources including social custom, science, medicine, religious belief, and personal experiences. As a result, no one definition of sexual health is likely to adequately represent this diversity, especially when professional opinions on sexuality and sexual health are formed by training and social position which in turn, are often influenced by the individual's culture, socio-economic status, religion, etc.

Individuals or groups suggesting a particular definition of sexuality or sexual health may appear to have good reasons for their choice. However, these reasons are often influenced by cultural practices that result in producing a definition that uncritically fits the existing society. "We cannot step outside of these cultural processes to develop a universally applicable concept of sexuality"[15] or of sexual health.

Because the words "health" and "healthy" are often linked to the field of medicine, they carry a medical connotation and authority. As a result, the term "sexual health" can be misused to express approval or disapproval of specific behaviours or individuals under what may seem to be "medical truth". This is the reason why some sex educators and therapists are fearful of promoting a concept of sexual health (directly, by defining it, or indirectly, by developing guidelines) through education.

There are three different approaches that can be considered when defining sexual health:

i. Avoid defining the term "sexual health" because our understanding of sexuality is socially constructed and as a result, a non-ideological definition is impossible[16]

   According to this approach, developing a definition of sexual health for use in education programs must result in the sending of messages about what is "proper" or "normal" sexuality. These messages may be presented as if they are facts or a scientifically-based picture of the nature of sexuality, when in reality they are a reflection of the educator's or mainstream society's

[15] Naus, 1991

[16] For example see Schmidt, 1987; Naus, 1989; 1991

perception about sexuality, based primarily upon their personal norms and values. From this perspective, education programs addressing sexuality should avoid making direct references to definitions of sexual health.

ii. Define and use the term with caution. Keep in mind that definitions of sexual health can change and should not be taken as rigid rules of conduct;[17]

This approach recognizes that beliefs about sexual health vary from one person to another and can change over time. Although terms like "sexual health" can be problematic, the achievement of overall "health" is generally accepted as a desirable outcome. Therefore, when professionals use terms such as "sexual health", they should do so with caution. In this view, definitions of sexual health should be confined to issues such as individual needs, desires, rights, and obligations.

iii. View the term as an optimistic vision[18]

With this approach, the term sexual health is used to provide a range of "sexual health indicators" that suggest a preferred or ideal set of sexual attitudes and behaviours.

For example, such an approach may specify that with respect to their sexuality, individuals should try to achieve and maintain a certain level of sexual functioning free of anxiety and guilt, and work towards pleasurable, intimate relationships in order to achieve sexual health.

Before applying any of the above approaches, professionals working in the area should be aware of the values and standards they are promoting. They should also be conscious of the needs of the target audience.

Conclusion

Sexual health educators should remain open to the different meanings and understandings associated with the term "sexual health". The approach to sexual health education adopted in the *Guidelines* focuses on those aspects of sexual health associated with the achievement of outcomes that are generally seen as positive (e.g. self-esteem, respect for self and others, non-exploitive sexual satisfaction, rewarding human relationships, the joy of desired parenthood) and the avoidance of negative outcomes (e.g. unintended pregnancy, STI/HIV, sexual coercion). Achievement of these goals would represent major advancements for the sexual health of Canadians.

[17] For example see Gochros, 1983

[18] For example see Chilman, 1990

Framework for Sexual Health Education

The *Guidelines* have been integrated within a broad framework for sexual health education (see Figure 1). The framework consists of philosophy, guiding principles, sources of sexual health education, populations and components of learning and goals.

Philosophy of Sexual Health Education Adopted in the *Guidelines*

The expression of human sexuality and its integration in an individual's life involves an interplay between:

- personal desires;
- the needs and rights of others; and
- the requirements and expectations of society.

Effective sexual health education should be provided in an age-appropriate, culturally sensitive manner that is respectful of individual choices and that:

- Focuses on the self-worth and dignity of the individual.
- Helps individuals to become more sensitive and aware of the impact of their behaviour on others. It stresses that sexual health is an interactive process that requires respect for self and others.
- Integrates the positive, life-enhancing and rewarding aspects of human sexuality while also seeking to reduce and prevent sexual health problems.
- Is based on a life span approach that provides information, motivational support and skill-building opportunities that are relevant to people at different ages and stages in their lives.
- Is structured so that changes in behaviour and attitudes happen as a result of informed individual choice. They are not forced upon the individual by an external authority.
- Does not discriminate on the basis of race, ethnicity, gender, sexual orientation, religious background, or disability in terms of access to relevant information.
- Provides accurate information to reduce discrimination based on race, ethnicity, gender, sexual orientation, religious background and disability.

- Encourages critical thinking about gender-role stereotyping. It recognizes the importance of gender-related issues in society, the increasing variety of choices available to individuals and the need for better understanding and communication to bring about positive social change.

- Recognizes and responds to the specific sexual health education needs of particular groups, such as adults, seniors, people who are physically or developmentally disabled, children and adults who have experienced sexual abuse and marginalized populations such as Aboriginal people, immigrants, gay, lesbian, bisexual and transgendered people as well as youth and street youth.

- Provides sexual health education within the context of the individual's moral beliefs, ethnicity, sexual orientation, religious backgrounds and other such characteristics.

Guiding Principles

The philosophy of sexual health education used in this document gives rise to five principles[19] that characterize effective sexual health education programming. The principles of sexual health education are as follows:

- **Accessibility** - It should be accessible to all people.

- **Comprehensiveness** - It is a shared social responsibility that requires the coordinated effort of individuals, organizations, agencies and governments.

- **Effectiveness of educational approaches and methods** - It incorporates the key components of knowledge acquisition, development of motivation and personal insight, development of skills that support sexual health, and development of the critical awareness and skills needed to create an environment conducive to sexual health.

- **Training and administrative support** - It is presented by well-trained individuals who receive strong administrative support from their agency or organization.

- **Planning, evaluation, updating and social development** - It achieves maximum impact when it is:

  - planned carefully in collaboration with intended audiences;
  - evaluated on program outcomes and participant feedback;
  - updated regularly; and
  - reinforced by an environment that is favourable to sexual health.

[19] These Principles are discussed in detail before each Checklist

Sources of Sexual Health Education

There are many potential sources of sexual health education. At a formal level, sexual health educators from a variety of backgrounds are currently working to provide education through schools, colleges, universities, health care settings, public health programs, social service agencies, as well as community and religious organizations.

At the informal level, families, peer groups, caregivers, educational websites, and the media play a major role. The principles and guidelines statements are intended to provide guidance to the various sources of formal and informal sexual health education in Canada. The various sources of formal and informal sexual health education interact with diverse people at different ages and stages of their lives and should be sensitive to their unique sexual health education needs.

Populations and organizations that can benefit from the *Guidelines*

Individuals who may benefit from the *Guidelines* include: parents, teachers, school administrators, health care providers, social workers, counsellors, therapists, community and public health personnel, clergy, curriculum developers, health and education policy-makers, education researchers, and all other individuals who are involved in the planning, delivery and evaluation of sexual health education.[20]

Organizations that can apply these guidelines to their programs and services include: schools, public health units, religious organizations, community service agencies, parent/teacher organizations, colleges, universities, group homes, birth control and STI/HIV clinics, community health centres, ministries and departments concerned with health, education, and social services at the municipal, provincial/ territorial levels, and any other institutions involved in the planning and delivery of sexual health education.

Components and goals of sexual health education

Research has identified the basic ingredients needed to develop effective sexual health educational programs that contribute to reducing negative sexual health outcomes and improving sexual health.[21] Effective sexual health education interventions combine relevant information with motivational opportunities and skill-building experiences. These are described in the *Guidelines* as the knowledge, motivation, skills and environmental components of sexual health education.

[20] Cohen, 1995; Guldner, 1995; McKay and Barrett, 1995; Morris, 1995; Naus, 1995; Ruttan and Short, 1995; Valentich and Gripton, 1995

[21] Research used in the development of *Guidelines* with be further elaborated upon in the section on Importance of Theory and Research in Sexual Health Education.

Figure 1. A Framework for Sexual Health Education

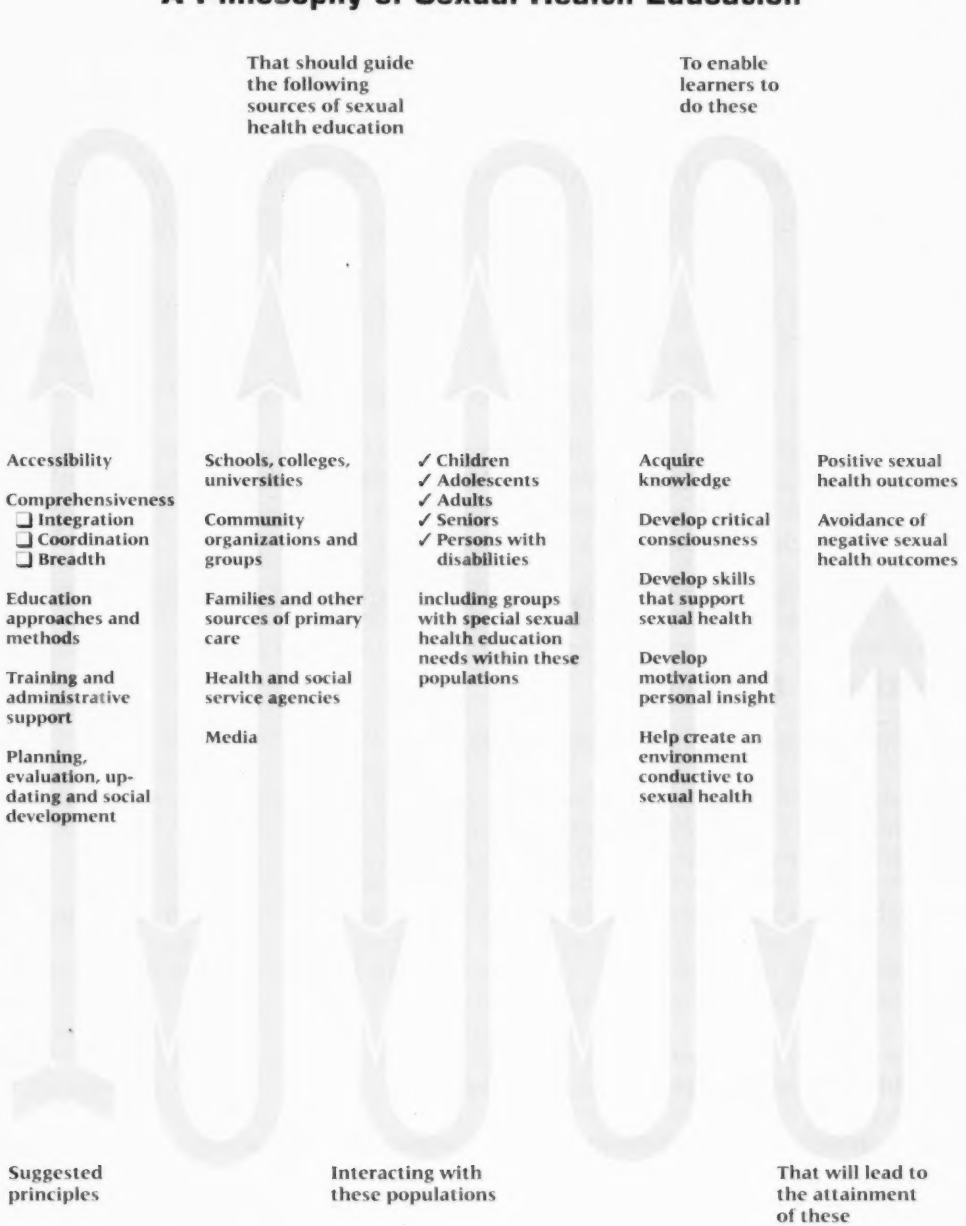

A Philosophy of Sexual Health Education
That should guide the following sources of sexual health education
To enable learners to do these
Accessibility
Comprehensiveness
❑ Integration
❑ Coordination
❑ Breadth
Education approaches and methods
Training and administrative support
Planning, evaluation, updating and social development
Schools, colleges, universities
Community organizations and groups
Families and other sources of primary care
Health and social service agencies
Media
✓ Children
✓ Adolescents
✓ Adults
✓ Seniors
✓ Persons with disabilities
including groups with special sexual health education needs within these populations
Acquire knowledge
Develop critical consciousness
Develop skills that support sexual health
Develop motivation and personal insight
Help create an environment conductive to sexual health
Positive sexual health outcomes
Avoidance of negative sexual health outcomes
Suggested principles
Interacting with these populations
That will lead to the attainment of these

Figure 1. A Framework for Sexual Health Education

A Philosophy of Sexual Health Education

That should guide the following sources of sexual health education

To enable learners to do these

Suggested principles

- Accessibility
- Comprehensiveness
  - Integration
  - Coordination
  - Breadth
- Education approaches and methods
- Training and administrative support
- Planning, evaluation, updating and social development

Interacting with these populations

- Schools, colleges, universities
- Community organizations and groups
- Families and other sources of primary care
- Health and social service agencies
- Media

including groups with special sexual health education needs within these populations

- ✓ Children
- ✓ Adolescents
- ✓ Adults
- ✓ Seniors
- ✓ Persons with disabilities

That will lead to the attainment of these

- Acquire knowledge
- Develop critical consciousness
- Develop skills that support sexual health
- Develop motivation and personal insight
- Help create an environment conductive to sexual health

- Positive sexual health outcomes
- Avoidance of negative sexual health outcomes

Components of Sexual Health Education

Sexual health education involves a combination of educational experiences that allows individuals to do the following:

- to acquire knowledge that is relevant to their specific sexual health issues;
- to develop the motivation and personal insight that they will need to act on the knowledge;
- to acquire the skills necessary to enhance sexual health and avoid negative sexual health outcomes; and
- to help create an environment that is conducive to sexual health.

Research consistently shows that positive sexual health outcomes are most likely to occur when sexual health education integrates knowledge, motivation and skill-building opportunities and occurs in an environment conducive to sexual health (see Importance of Theory and Research in Sexual Health Education).

The components of sexual health education are discussed below and summarized in Figure 2.

Acquisition of Knowledge

This component helps individuals to do the following:

- acquire knowledge that is appropriate to their level of development, and directly relevant to their own sexual health needs, including information about developmental stages; prevention of sexual health problems and enhancement of sexual health;
- integrate personal values and relevant information to create a personal sexual health plan.
- recognize the behaviours and resources that can help them to attain positive sexual health outcomes;
- learn how to apply their new knowledge to behaviour that will lead to positive sexual health outcomes and prevent negative ones; and
- learn how to share their knowledge and promote sexual health with family, friends, partners, and their community.

Development of Motivation and Personal Insight

This component:

- offers opportunities for clarification of personal values
- fosters self-esteem and helps individuals to accept their own sexuality as a basis for maintaining and enhancing sexual health;
- helps individuals to recognize that sexual health information is directly relevant in their lives; fosters the development of positive attitudes that can lead to actions and values that promote sexual health and healthy living; and
- raises an individual's awareness of the personal benefits of taking action to enhance sexual health and prevent sexual health problems. It also raises an individual's awareness that there is social support (e.g. peer group approval) for taking action to promote sexual health.

Development of Skills that Support Sexual Health

This component:

- provides individuals with the developmentally appropriate skills to establish personal sexual health goals. This involves a personal decision-making process in which individuals integrate information with their own values and make conscious decisions about their sexual health;
- provides opportunities to learn how to raise , discuss and negotiate sexual health issues with partners;

  For example, individuals would learn how to negotiate and set sexual limits, including choosing not to take part in particular sexual activities; how to negotiate and consistently use contraception and safer sex practices; how to avoid, or safely leave a situation in which personal and sexual health is placed at risk; and how to work toward nurturing, affectionate and respectful relationships;

- helps individuals learn to evaluate the potential outcomes of their sexual health practices and to modify their behaviours as necessary;
- helps people to learn how to use materials and resources that can promote sexual health, such as purchasing condoms, getting tested for STI/HIV in a clinical setting and seeking counselling and professional support in the face of sexual assault or coercion; and

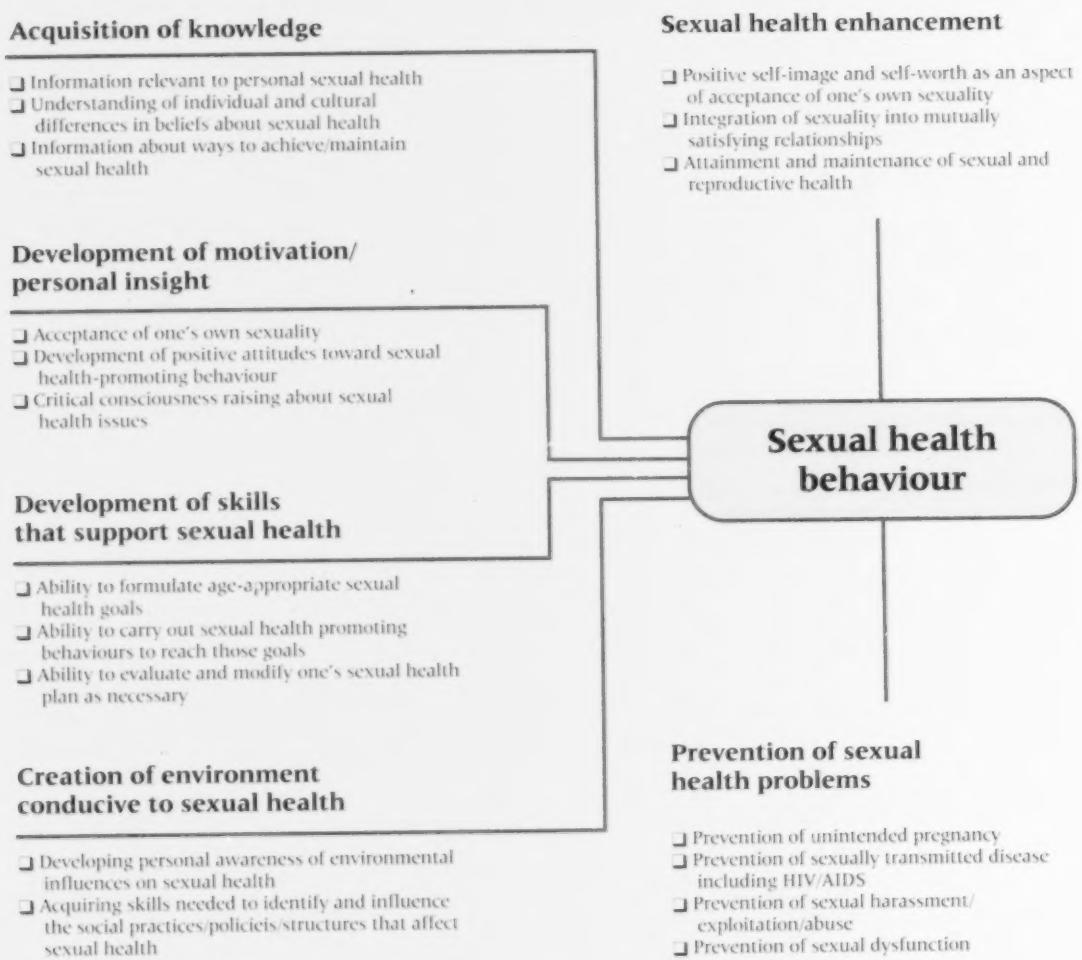
- teaches individuals to feel positive about themselves. This will help them to be more effective in negotiating sexually healthy behaviours with a partner. The intent is to encourage consistent practice of behaviours that enhance sexual health and to help individuals learn appropriate ways of communicating their appreciation to partners who support them in their personal sexual health goals. Individuals who feel reassured when they make positive choices about their sexual health may be inclined to do so consistently.

Creation of an Environment Conducive to Sexual Health

This component:

- provides opportunities to develop awareness of the ways in which the environment can help or hinder individual efforts to achieve and maintain sexual health;
- establishes an atmosphere where participants feel safe to ask questions, discuss values and to share their views with others;
- encourages respect for diverse views, norms and values and provides support for decisions that support sexual health;
- helps people to empower themselves with the knowledge and skills used to identify sexual health resources in their community and to act both individually and collectively to create an environment conducive to sexual health;
- helps individuals to assess a group's sexual health needs and to note the availability or lack of resources to meet those needs;
- provides an opportunity to organize, support and promote sexual health education programs and related clinical services and counselling that are needed; and
- increases the impact of sexual health education through consistent health-promoting messages and services from governments, social service agencies, employers, media, religious organizations and other institutions and agencies.

Figure 2: Components of Sexual Health Education


Acquisition of knowledge
❑ Information relevant to personal sexual health
❑ Understanding of individual and cultural differences in beliefs about sexual health
❑ Information about ways to achieve/maintain sexual health
Development of motivation/ personal insight
❑ Acceptance of one's own sexuality
❑ Development of positive attitudes toward sexual health-promoting behaviour
❑ Critical consciousness raising about sexual health issues
Development of skills that support sexual health
❑ Ability to formulate age-appropriate sexual health goals
❑ Ability to carry out sexual health promoting behaviours to reach those goals
❑ Ability to evaluate and modify one's sexual health plan as necessary
Creation of environment conducive to sexual health
❑ Developing personal awareness of environmental influences on sexual health
❑ Acquiring skills needed to identify and influence the social practices/policies/structures that affect sexual health
Sexual health enhancement
❑ Positive self-image and self-worth as an aspect of acceptance of one's own sexuality
❑ Integration of sexuality into mutually satisfying relationships
❑ Attainment and maintenance of sexual and reproductive health
Sexual health behaviour
Prevention of sexual health problems
❑ Prevention of unintended pregnancy
❑ Prevention of sexually transmitted disease including HIV/AIDS
❑ Prevention of sexual harassment/ exploitation/abuse
❑ Prevention of sexual dysfunction

A Checklist for Assessing Programs in Relation to the Philosophy of Sexual Health Education Reflected in the *Guidelines*....

Philosophy

The sexual health education activity, program or policy integrates the philosophy of sexual health education presented in the Guidelines.

Expected characteristics:		Notes:
The sexual health education program emphasizes the self-worth and dignity of the individual.	❑	
The sexual health education activity or program instills awareness of the impact that one's behaviour can have on others.	❑	
The sexual health education program reflects a balanced approach to sexual health enhancement and the prevention of negative outcomes.	❑	
The sexual health education program deals with sexual health education as a lifelong process requiring consideration at all ages and stages of life.	❑	
The sexual health education program assists behavioural change through informed individual choice.	❑	
Ensures that access and content do not discriminate against individuals on the basis of race, ethno-cultural background, gender, sexual orientation, disability and other such characteristics.	❑	
The sexual health education program counters misunderstanding and reduces discrimination based on the characteristics previously mentioned.	❑	

Principles of Sexual Health Education

Principle 1:
Accessible sexual health education for all

Effective sexual health education takes into account diverse needs for information, support and skills development. It ensures availability of services, and a supportive learning environment.

Guidelines

This section addresses the general principle of accessibility as it applies to effective sexual health education.

- Effective sexual health education requires financial and administrative support for a wide range of sexual health education activities, including staff training and resource materials for use in formal and informal settings. Access to effective sexual health education requires ongoing support in both formal settings, such as schools, community groups, health and social service agencies and in informal settings where sexual health education is provided by parents, caregivers and others.

- Effective sexual health education is culturally appropriate and should reflect different social situations. Gay, lesbian, bisexual and transgendered individuals, elderly people, youth and people with disabilities (i.e. physical, mental, or developmental), people who live in geographically isolated areas, poor or homeless people, people who are incarcerated, Aboriginal peoples, and ethno-cultural minorities are among the groups that require improved access to sexual health education.

- Schools are one of the key organizations for providing sexuality education. They can be a main vehicle for ensuring that young people have access to effective sexual health education. Since schools are the only formal educational institution to have meaningful contact with nearly every young person, they are in a unique position to provide children, adolescents, and young adults with the knowledge and skills they will need to make and act upon decisions that promote sexual health throughout their lives.

A Checklist for Principle 1 ....

Accessible sexual health education for all

The sexual health education activity, program or policy strengthens accessibility for all, as suggested by the Guidelines.

Expected characteristics:		Notes:
The funding for sexual health education, which includes staff training and resource development are sufficient for the goal of universal access.	❑	
Formal sources provide sexual health education based on the key components identified in the *Guidelines*.	❑	

Principle 2:
Comprehensiveness of sexual health education

A comprehensive approach to effective sexual health education emphasizes the shared responsibility of parents, peers, schools, health care systems, governments, the media, and a variety of other such institutions and agencies. The principle of comprehensiveness suggests that effective sexual health education programs are:

- **Broadly Based** - All disciplines or subject areas relevant to sexual health are addressed.
- **Integrated** - Learning in formal settings, such as schools, community health care systems, and social service agencies is complemented and reinforced by education acquired in informal settings through parents, families, friends, the media, and other sources.
- **Coordinated** - The different sources of sexual health education work together along with related health, clinical and social services to increase the impact of sexual health education.

Guidelines

This section elaborates on the principle of comprehensiveness as it applies to effective sexual health education.

- Effective sexual health education at elementary and secondary school levels is taught within specific programs. It is linked to related curriculum areas that touch upon sexuality, relationships and personal development.[22]
- Effective sexual health education programs go hand-in-hand with access to clinical services, counselling and social services, support from family, peers and the community. They take into account the resources that are required to support individual efforts that will enhance sexual health and prevent sexual health problems.

  For example, the sexual health concerns of elderly people in retirement homes or long-term care facilities may require an integrated approach that addresses access to information and counselling, staff attitudes and training, institutional policies, and physical arrangements that ensure the right to privacy.

- Comprehensiveness in effective sexual health education focuses on the needs of different groups and considers the various issues relevant to the sexual health of individuals within any group.

[22] Sexual health education in schools is provided in a variety of different subject areas and varies according to provinces/territories. Such programs include Personal Planning, Family Life Education, Moral Education, etc.

- Developmentally appropriate sexual health education should be provided from the beginning of the elementary school years to the end of the high school years. It should be offered in schools as an integral component of a broadly based sexuality education program, and continue beyond school through the coordinated interaction of community agencies and services that adults are likely to encounter throughout their lifespan.
  - Although adolescence is only one phase in a life-long process of sexual development and learning, adolescent sexuality is a central and positive part of the total well-being of young people. As a result, comprehensive sexual health education for adolescents involves far more than the prevention of unintended pregnancy and STI/HIV.
  - Sexual health education should include important topics such as developmental changes (i.e. puberty), rewarding interpersonal relationships, communication, setting of personal limits, media, stereotypes, prevention of STI/HIV, effective contraception, sexual assault/coercion, gender-role expectations, and sexual orientation.
  - Effective sexual health education provides information and opportunities to develop personal insight, motivation and skills that are relevant to an individual's current and future developmental needs in a safe and caring environment.
- Effective sexual health education requires collaboration between the departments of education and health and other relevant agencies at the federal, provincial, territorial and community levels in order to help coordinate the development, implementation and evaluation of sexual health curricula in schools.

A Checklist for Principle 2 ....

Comprehensiveness of sexual health education: integration, coordination and breadth

The sexual health education activity, program or policy is sufficiently comprehensive in terms of the integration, coordination and breadth as suggested by the Guidelines.

Expected characteristics:		Notes:
Sexual health education is offered sequentially from the beginning of elementary school years through to the end of high school.	❑	
Sexual health education is offered in specific programs dedicated to this topic.	❑	
Sexual health education is linked to other related curriculum areas.	❑	
Sexual health education programs are coordinated to facilitate access to clinical and social services.	❑	
The sexual health education activity or program is sufficiently broad in content and meets the needs of diverse groups as well as the varied requirements of individuals within those groups.	❑	
The departments of education and health collaborate with other relevant agencies to coordinate efforts toward effective sexual health education in schools.	❑	

Principle 3:
Effectiveness of educational approaches and methods

Effective sexual health education increases the knowledge, personal insight, motivation, and skills needed to achieve sexual health. It requires sensitivity to the diverse needs, experiences and circumstances of different groups, as well as of individual members of these groups.

Guidelines

This section describes the characteristics of educational approaches and methods that create effective sexual health education.

- Effective sexual health education integrates four key components.[23]
  i. acquisition of knowledge;
  ii. development of motivation and critical insight;
  iii. development of skills; and
  iv. creation of an environment conducive to sexual health.
- A variety of formal and informal approaches to effective sexual health education are available to accommodate the different learning styles, opportunities, and needs of people at different ages and stages of their lives.
- Effective sexual health education programs require financial and administrative support to develop and implement innovative and relevant programs. Schools can be a major source of creativity and innovation in the development and presentation of age-appropriate sexual health education. However, new and different approaches are needed to reach young people who have dropped out of school, street youth, or those living in institutional settings. Educational approaches must also be identified and used to effectively meet the needs of specific groups, such as immigrants, elderly people and people with disabilities.
- Effective sexual health education provides opportunities for individuals to explore the attitudes, feelings, values and customs that may influence their choices about sexual health. The goal is to encourage positive sexual health outcomes and to increase individual awareness of the social support available for such behaviour.
- Effective sexual health education programs ensure access to clinical health and social services that can help people address their counselling and health care needs related to sexual health.

[23] For an in-depth description on the components of sexual health education and the effects of an environment conducive to sexual health education, refer to the section on Importance of Theory and Research in Sexual Health Education.

Examples of such services include birth control and pregnancy counselling; counselling about sexual decision making, including decisions to engage in or not engage in particular sexual activities; STI clinics; counselling sensitive to the concerns of gay, lesbian, bisexual and transgendered adolescents; incest-or assault-survivor groups; peer-support groups for single parents; accessible sexual health services for people with disabilities; treatment for people who have committed sexual offences; and sex therapy for a range of sexual dysfunctions.

- Effective sexual health education recognizes that responsible individuals may choose a variety of paths to achieve sexual health. They should have a right to accurate information that is relevant to those choices.

- Effective sexual health education supports informed decision-making by providing individuals with the opportunity to develop the knowledge, personal insight, motivation and behavioural skills that are consistent with each individual's personal values and choices.

  For example, some adolescents will engage in partnered sexual activities. Others will choose to postpone these activities.

- Since the mass media play a major role in the sexual education of individuals, effective sexual health education provides training in media literacy to help individuals identify and deconstruct sexual messages that are communicated by the media. Sexual health education helps individuals to understand how these messages may affect an individual's sexual health.

- Effective sexual health education identifies and assists, through referral and support, individuals who have experienced the trauma of incest, sexual abuse, violence, and exploitation. Individuals who provide effective sexual health education should create a caring, trusting, and sensitive environment that will be conducive to assisting all individuals, including those who have been sexually abused.

- Effective sexual health education builds upon its broad support among parents and caregivers to strengthen student learning and parent-child communication.

- Effective sexual health education encourages and strengthens the role of peer education and support. Individuals involved in peer education should be well-trained, carefully supervised and be clearly aware of the difference between this type of supportive role and professional counselling or therapy.

A Checklist for Principle 3 ....

Effectiveness of educational approaches and methods

The sexual health education activity, program or policy is sufficiently comprehensive in terms of the integration, coordination and breadth suggested by the Guidelines.

Expected characteristics:		Notes:
Approaches and methods effectively integrate the four key components of sexual health education, namely: a. acquisition of knowledge b. development of motivation and personal insight c. development of skills needed to enhance sexual health d. development of critical awareness and skills needed to create an environment conducive to sexual health	❑	
Varied sources of formal and informal sexual health education are geared to different learning styles and ages.	❑	
Sexual health education policies provide financial and administrative support for innovative approaches that target specific audiences.	❑	
The sexual health education program provides opportunities to explore attitudes, feelings, values and moral perspectives relevant to choices about sexual health.	❑	
The sexual health education program facilitates positive attitudes and norms concerning behaviours conducive to sexual health.	❑	
The sexual health education program anticipates and guides access to clinical and social services that supports sexual health.	❑	

Expected characteristics:		Notes:
The sexual health education program acknowledges that responsible individuals may choose different ways to achieve and maintain sexual health.	❑	
The sexual health education program provides training in media literacy relevant to sexual health.	❑	
The sexual health education program helps to identify, assist, refer, and support individuals who have experienced sexual abuse coercion or violence.	❑	
The sexual health education activity or program encourages informed parent and caregiver support to strengthen parent-child communication about sexual health issues.	❑	
The sexual health education program incorporates strategies for peer education and support with careful training, supervision, and delineation of roles and responsibilities.	❑	

Principle 4:
Training and Administrative Support

Effective sexual health education involves institutional and administrative commitment. It encourages the formal training of those working in professional settings as well as in the development of educational opportunities for parents, group leaders and others providing more informal sexual health education.

Guidelines

- Preparation and support of individuals who provide sexual health education in formal and informal settings are necessary. The requirements for individuals delivering sexual health education in formal settings, such as schools, public health units, clinics or group homes, should be mandated by the educational and administrative authorities that govern their professions.

- Sexual health educators should acquire the following through their training and professional preparation:

  i. general knowledge of human sexuality that will enable them to comfortably discuss sexual health issues;

  ii. knowledge of the sexual health issues that are relevant to their profession and to the needs of their clients;

  iii. the teaching or clinical skills necessary to implement sexual health education in their professional settings. In the case of teachers, for example, these skills would be reflected in their ability to provide students with information, with opportunities to develop personal insight, motivation and self-esteem, and to teach them the skills necessary to achieve sexual health;

  iv. the ability to create rapport with people from diverse backgrounds and experiences, and a capacity to respond confidently and respectfully to the sexual health education needs identified by diverse groups;

  v. a capacity to discuss sexual health in a positive and sensitive manner and to affirm that sexual feelings are a natural part of human life;

  vi. an ability to identify and understand the beliefs and values of individual students, clients, or groups. This involves a sensitivity to the cultural norms, beliefs, attitudes and goals of various racial, ethnic, socio-economic, gender and religious groups, as well as persons with disabilities as they relate to human sexuality. This will involve the ability to address issues surrounding conflict management and resolution;

vii. an understanding of the issues surrounding sexual orientation and the skills to provide effective education in this area;

viii. sensitivity to gender-related issues as they pertain to both the practice and content of sexual health education.;

ix. teaching strategies that help people to deal with sensitive and controversial issues. Educators who find themselves uncomfortable teaching about sexual health, sexuality and other related areas should be able to make suitable referrals

x. the insight and skills to help people reflect upon, and evaluate, the varied ways that media (i.e. television, Internet, music, film, videos, print media, literature, and the arts) can affect sexual health; and

xi. an understanding of, and commitment to follow, a professional code of ethics as it pertains to sexual health education and related counselling and clinical services.

- Effective sexual health education requires administrative support and sufficient time for educators to meet professional and academic development needs. Those training professionals who provide sexual health education should also be supported in this way and enough time should be provided to do so within the curricula of the relevant discipline (e.g. education, medicine, nursing, social work).

- Effective sexual health education requires in-service training and continuing education that gives educators the opportunity to upgrade their skills on a regular basis. The organizations and agencies involved should coordinate such training to provide both formal and informal mechanisms for communication, information sharing and education.

- Effective sexual health education gives parents and primary caregivers access to a variety of opportunities to learn about sexuality and sexual health, which will in turn give them the knowledge and the skills that will help them to speak to their children about sexual health education. Parents have a major influence on a child's development and well-being at early stages of the child's life. This makes them an important vehicle for positive sexual health education. Effective methods to equip and support them in this role must be pursued, supported and authorized by all agencies involved in adult sexual health education.

- Effective sexual health education encourages training and educational opportunities for persons doing peer education, counselling and advocacy in all areas related to sexual health education.

A Checklist for Principle 4 ....

Training and administrative support

The sexual health education activity, program or policy meets the expectations for training and administrative support suggested by the Guidelines.

Expected characteristics:		Notes:
Preparation of those providing sexual health education is a priority within the setting.	❑	
There are mandated professional requirements for those providing sexual health education.	❑	
Professionals providing sexual health education have sufficient opportunities for in-service training and professional development.	❑	
Those training sexual health educators receive strong administrative support.	❑	
Those providing sexual health education have acquired through their training or equivalent experience: a. extensive general knowledge of human sexuality; b. specific knowledge of sexual health issues relevant to the audience, client group, etc.; c. the skills to act as effective sexual health educators in their professional setting; e. the ability to establish rapport with people of diverse backgrounds, sexual orientation, and varied sexual health education needs; f. the ability to sensitively affirm sexual feelings as a natural part of life; g. the ability to recognize the effect that religious, ethno-cultural and other variables may have on an individual's values and beliefs about sexuality;	❑	

Expected characteristics:		Notes:
h. the ability to sensitively address and resolve conflict that may arise as a result of differing values and beliefs surrounding sexual health and sexuality; i. specific understanding about issues related to sexual orientation and skills to provide sexual health education in this area; i. sensitivity to gender-related issues relevant to sexual health? j. media literacy relevant to sexual health; and k. commitment to a professional code of ethics that guides their work in sexual health education.	❑	
Parents and caregivers receive education about sexuality and sexual health.	❑	
Peer educators, counsellors or advocates receive training, supervision, and opportunities for continuing education.	❑	

Principle 5:
Planning, Evaluation, Updating and Social Development

Effective sexual health education programs require careful planning, realistic evaluation, and regular updating.

Guidelines

Program planning

- Effective sexual health education programs are based on a broad assessment and understanding of individual and community needs. This process involves collaboration with persons for whom the programs are intended.
- The content, delivery and methodology of effective sexual health education programs emerge from the assessment of community needs supported by up-to-date research that draws upon input from community members, educators, and researchers in a variety of disciplines.

Evaluation

- Effective sexual health education programs are evaluated on a regular basis. Careful program evaluation ensures that educational outcomes are being met. This can guide program delivery and modification.
- Effective sexual health education programs are evaluated based upon their stated objectives and not upon opinions about what such programs should accomplish.
- Individuals who receive effective sexual health education are given regular opportunities to assess the usefulness and relevance of such programs. Evaluation tools should be used to detect outcomes that might be missed by focusing on specific, pre-defined outcomes.

Updating and social development

- Objectives for effective sexual health education programs are guided by a realistic awareness that education is one of a number of factors that contribute to health-related knowledge, attitudes and behaviour.
- Effective sexual health education at all levels identifies and strengthens social circumstances and behaviours that enhance sexual health.

> *For example,* the mass media represent a powerful influence on how individuals perceive themselves, others, and the world around them. The images portrayed in the media are important factors that shape sexual self-image and sexual norms. This influence is often unrealistic in terms of the expectations communicated about sexual attractiveness and performance. It is also sometimes negative in its treatment of gender-role stereotyping and sexual health issues. Organizations and individuals should be encouraged to support media efforts designed to help individuals enhance sexual health and avoid sexual health problems.

A Checklist for Principle 5 ....

Planning, evaluation, updating and social development

The sexual health education activity, program or policy incorporates the elements of planning, evaluation, updating and social development suggested by the Guidelines.

Expected characteristics:		Notes:
Sexual health education programs are based on careful needs assessment that includes community input.	❑	
The content and methodology arise from input from community, educators and the scientific sector.	❑	
Regular evaluations are based on the stated objectives of the program.	❑	
Participant's feedback is used to assess program effectiveness and to detect additional outcomes other than specific stated program objectives.	❑	
The evaluation incorporates realistic awareness of social and other factors that can affect outcomes of specific interventions.	❑	
The sexual health education program helps individuals to recognize environmental factors affecting sexual health and creates an environment conducive to sexual health.	❑	

Importance of Theory and Research in Sexual Health Education

Sexual health education takes many forms

Sexual health education ranges from public health messages that provide basic information to comprehensive interventions with specific behavioural objectives. While most forms of sexual health education have potential benefits, many are still missing the main elements needed to effectively address the diverse sexual health issues relevant to Canadian society.

However, social science research continues to make progress in identifying the necessary ingredients needed to develop better sexual health education programs that meet the needs of its target audience and that contribute to the reduction of negative sexual health outcomes in our society. The approach to sexual health education presented in the *Canadian Guidelines for Sexual Health Education* is supported by such research. It upholds the importance of using current, ongoing research and evaluation as the basis for further development of program and policy in the area of sexual health education.

Programs that focus exclusively on increasing the knowledge of individuals are often successful in reaching this objective. Although useful in this regard, focusing only on providing factual information about sexual health may not be sufficient or effective in reducing negative outcomes. Further, these programs may not foster behaviours that enhance sexual health.

There are various theoretical models that can influence behavioural change

Theoretical models derived from research enable program planners to determine the teaching methods that most effectively encourage behaviours that will enhance sexual health. In the case of STI/HIV prevention, one of the characteristics of nearly all effective interventions is the incorporation of theoretical models that will influence behaviour change, either as a whole, or in its components.[24]

In the process of creating and implementing sexual health education programs, it is important for program planners and policy-makers to rely on well-tested, empirically supported theoretical models as a foundation for program development. Several theoretical models meet these standards and can be used to develop programs consistent with the *Canadian Guidelines for Sexual Health Education*.

However, the Information, Motivation and Behavioural Skills (IMB) Model is used here for several reasons. Firstly, all effective educational programs designed to impact on sexual health behaviour (including those informed by other models) should incorporate elements of information, motivational and behavioural skills. Secondly, information, motivation and behavioural

[24] McKay, 2000

skills are basic concepts that are easily understood by a diverse array of educators and program audiences. Thirdly, the IMB model is well supported by research demonstrating its efficacy as the foundation for behaviourally effective sexual health promotion interventions.

As noted above, in addition to the IMB, other models such as Social Cognitive Theory (SCT), the Transtheoretical Model (TM), and the Theory of Reasoned Action (TRA) have also provided the theoretical basis for behaviourally effective programs. A brief summary of these models is provided below.[25]

- **Social Cognitive Theory (SCT)** - Evaluation research indicates that health interventions informed by SCT can be behaviourally effective in a number of domains including HIV/STI prevention.[26] According to SCT, an effective intervention must consist of four components:
  - i. information related to perceived vulnerability and self-efficacy;
  - ii. development of self-regulatory and risk reduction skills;
  - iii. further development of these skills and the self-efficacy to use them; and
  - iv. development and use of peer group support.
- **Transtheoretical Model (TM)** - The TM has also provided the basis for effective HIV/STI interventions.[27] According to the TM, individuals participating in behaviour change interventions will be guided through a continuum of five stages:
  - i. precontemplation (i.e., little or no intention to practice the desired health behaviour);
  - ii. contemplation;
  - iii. preparation;
  - iv. action; and
  - v. maintenance (i.e., consistent practice of desired health behaviour for 6 months).
- **Theory of Reasoned Action (TRA)** - The TRA is a well-tested model that has provided the theoretical basis for effective interventions targeting HIV/STI prevention.[28] A TRA-based intervention will focus on addressing:
  - i. an individual's attitudes towards preventive behaviour;
  - ii. the perception of subjective social norms related to preventive behaviour; and
  - iii. the behavioural intention to practice the preventive behaviour.

[25] For an overview and evaluation of the various theoretical models that have been applied in HIV/STI prevention research see Fisher, J.D. & Fisher, W.A., 2000

[26] e.g. Kamb, Fishbein, Douglas et al., 1998

[27] e.g. CDC, Centers for Disease Control and Prevention. AIDS Community Demonstration Projects Research Group, 1999

[28] e.g. Jemmott, Jemmott & Fong, 1998

Empirical Evidence Supporting the IMB Model

There is a considerable amount of empirical evidence on the conceptual use of the IMB approach. This can be seen in the context of understanding and establishing the association of information, motivation, and behavioural skills in predicting sexual and reproductive health behaviours including contraception, HIV prevention, and mammography screening.[29] Evidence continues to demonstrate how the IMB model has been used to guide effective interventions that take into account sexual and reproductive health behaviours as well as the needs of diverse populations.

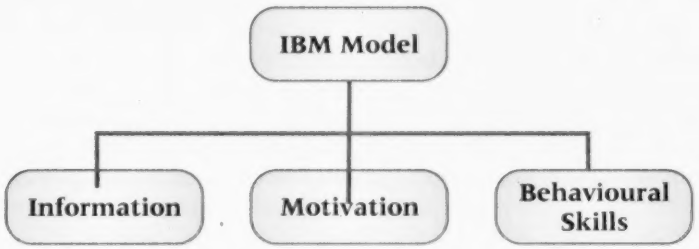
Extensive evaluation research on IMB-based interventions has been done in the area of HIV/AIDS sexual risk reduction. IMB-based interventions have been shown to significantly reduce HIV/AIDS sexual risk behaviour in heterosexual college students[30], low income women[31], minority men[32] and minority youth in high school settings[33]. In addition, an uncontrolled evaluation of an IMB-based HIV risk reduction study with mentally ill men and women suggested that the program had a positive impact on behaviour[34]. An intervention with HIV+ individuals that was highly compatible with the IMB model in that it contained elements of information, motivation, and behavioural skills was found to be effective in reducing behaviours linked to HIV transmission[35]. Furthermore, meta-analysis[36] has strongly supported the need to include elements of information, motivation, and behavioural skills in interventions that target HIV risk behavioural change[37]. It should be noted that targeted behaviours in the above interventions can result in general STI risk reduction and pregnancy prevention.

IMB-based interventions focusing specifically on contraception among young adults[38] and the acceptance of sexual health enhancement behaviours among women treated for gynecological cancer[39] have also been effective. Support for the IMB approach comes from interventions that, although not formally known as IMB-based, emphasized content that included information, motivation, and behavioural skills. Such interventions include programs focusing on increasing contraception among adolescents.[40]

[29] W. Fisher & J. Fisher, 1998
[30] J. Fisher, W. Fisher, Misovich , et. al., 1996
[31] Belcher, Kalichaman, Topping, et al., 1998; Carey, Maisto, Kalichman, et al., 1997
[32] Kalichman, Cherry, & Browne-Sperling, 1999
[33] J. Fisher, W. Fisher, Bryan, & Misovich, 2002
[34] Weinhardt, Carey & Carey, 1997
[35] Kalichman, Rompa, Cage, et al., 2001
[36] Analysis based upon findings from a large number of similar studies
[37] Johnson, Marsh, & Carey, 2001
[38] W. Fisher, 1990
[39] Robinson, Faris, & Scott, 1999
[40] e.g., Kirby et al., 1991

The IMB Model

Using the Information, Motivation, Behavioural Skills (IMB) Model to create effective sexual health education programs



The components of sexual health education proposed by the *Guidelines* are based on the IMB model. Sexual health education programs are based on the three components of the model:

i. ***Information*** ...Will help individuals to be better informed;

ii. ***Motivation*** ...Will motivate individuals to use their knowledge to change negative risk behaviours and maintain consistent, healthy practices; and

iii. ***Behavioural skills*** ...Will help individuals acquire the relevant behavioural skills that will likely reduce negative outcomes and enhance sexual health.

The IMB model can help individuals to reduce risk behaviours, prevent sexual health-related problems and guide individuals in enhancing sexual health. Programs based on the three components of the model provide theory-based learning experiences that can be easily translated into behaviours pertinent to sexual and reproductive health.

Components of the IMB Model

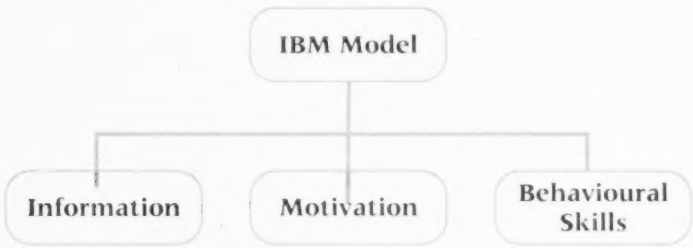
Information. For sexual health education programs to be effective, they must provide information that is relevant and easy to translate into behaviours that can help individuals to enhance sexual health and avoid sexual health problems.

Information included in these programs should be as follows:

- Directly linked to the desired behavioural outcome that will lead to prevention of sexual health problems, or should directly influence behaviour that will result in the enhancement of sexual health.

The IMB Model

Using the Information, Motivation, Behavioural Skills (IMB) Model to create effective sexual health education programs



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Information included in these programs should be as follows:

- Directly linked to the desired behavioural outcome that will lead to prevention of sexual health problems, or should directly influence behaviour that will result in the enhancement of sexual health.

Example: Acquiring information about how a specific form of birth control works, including how it is used effectively, is useful information for programs targeting pregnancy prevention. Acquiring such information will be directly linked to reducing the cases of unitended pregnancies.

- Easy to translate into the desired behaviour

  Example: Creating a list of addresses and telephone numbers of all local, accessible reproductive and sexual health centres translates into the desired behaviour when it leads the individual to visit a health centre or clinic.

- Practical, adaptable and culturally-sensitive

  Example: Programs targeting groups with diverse ethnic, religious and cultural backgrounds must provide information that is clear and pragmatic enough to be easily used within different social contexts or environments.

- Age, gender, and developmentally appropriate; programs should be tailored to meet the sexual orientation, mental, physical and emotional needs of people at different stages of their life.

  Example: Programs targeting prevention of STI/HIV and risk behaviours among adolescents with disabilities must take into account account their unique needs.

Motivation. To translate information into the desired sexual health behaviours, individuals must be sufficiently motivated to act upon the information they receive. Therefore, in order for sexual health education programs to achieve their goals, planners must address the motivational factors that are needed to bring about behavioural change.

Where sexual and reproductive health behaviour are concerned, motivation takes three forms.

- **Emotional Motivation** - A person's emotional responses to sexuality and to specific sexual health-related behaviours generally determines whether or not that individual takes the necessary actions to avoid sexual health problems, and to enhance sexual health.

  Example: Men and women who have negative emotional responses to sexuality may be less likely to benefit from educational programs designed to encourage them to do testicular or breast self-examination.

- **Personal Motivation** - A person's attitudes and beliefs in relation to a specific sexual and reproductive health behaviour strongly predict whether or not that person engages in that behaviour.

  Example: A person who has one sexual partner could have a false perception of personal risk and may believe that only people with multiple partners need to practice safer sex and is therefore less likely to be personally motivated to engage in safer sexual practices.

- **Social Motivation** - A person's beliefs regarding social norms, or their perceptions of social support pertaining to relevant sexual and reproductive health behaviours are also likely to influence behavioural change.

  Example: Someone experiencing sexual dysfunction and/or reproductive difficulties is more likely to seek help, participate and benefit from education/treatment programs if they understand that getting the help they need is socially acceptable, and realize that many people are seeking help for similar or related problems.

  Example: A teenager may believe that if his peers are sexually active, he may be "abnormal" if he chooses to postpone sex.

Behavioural Skills. Individuals should have the specific behavioural skills to help them adopt and perform behaviours that support sexual health.

While relevant information and motivational factors are important components in the process of adopting behaviours that support sexual health, having the appropriate behavioural skills is essential for behavioural change. This is why sexual and reproductive health skills training is a key component of effective sexual health education programs.

- Behavioural skills consist of the following:

  i. the objective skills for performing the behaviour (e.g. knowing how to negotiate); and

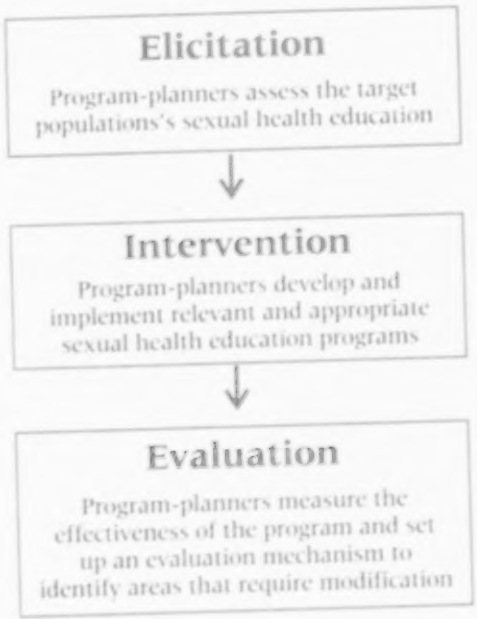
  ii. the self-efficacy to do so (e.g. personal belief in one's ability to successfully negotiate)

  Example: A woman who has been given the information on how to use a female condom, and is motivated to use it, must also have the technical skills to properly insert it, and the negotiation skills to get her partner to agree to use one.

Behavioural skills training for the prevention of STI/HIV and unintended pregnancy should include both the skills to negotiate safer sex (e.g. condom use) and to set sexual limits (e.g. to delay first intercourse).

Applying the IMB Model to sexual health education programs

A comprehensive application of the IMB model to sexual health education programs involves a basic three-step process:


Elicitation
Program-planners assess the target populations's sexual health education
Intervention
Program-planners develop and implement relevant and appropriate sexual health education programs
Evaluation
Program-planners measure the effectiveness of the program and set up an evaluation mechanism to identify areas that require modification

Elicitation

- Identify the level of relevant information, motivation, and behavioural skills that the target population has that is directly related to specific health behaviours. This can be done by the following:

  Conducting focus groups or administering survey questionnaires to a representative subsample of the target population.

  Example: In the elicitation phase of a sexual health education program for pre-teens that includes the objective of delaying first intercourse, a subsample of preteens may be selected to fill out a questionnaire to measure their:

  - knowledge related to the implications of first intercourse (*Information*);

- attitudes and perceptions of peer pressure and social norms related to sexual activity (*Motivation*); and
- skills as well as beliefs in their own ability to follow through on a decision to delay first intercourse (*Behavioural skills*).

Intervention

- Design and implement the sexual health education program based on the elicitation research findings.
- For each target group address where gaps exist in information, motivation and behavioural skills in relation to the program objectives and needs of the individual.
- Use assets that the group has in the area of information, motivation, and behavioural skills. These assets can be used to reach program objectives.

> *Example:* The intervention phase of a sexual health education program is designed to increase the use of effective contraceptive methods among sexually active adolescents. This could fill knowledge gaps among the target group (information), reinforce the group's personal views about contraceptive use and help them to personalize the risk of teen pregnancy (motivation), and incorporate role playing exercises to help individuals learn how to negotiate contraceptive use with sexual partners while also teaching them how to access contraceptive services (behavioural skills).

Evaluation

- Evaluation is necessary to determine if the program has had the intended effect on the target group's information, motivation, and behavioural skills in relation to the program objectives. Evaluation research enables program planners to identify weaknesses in the program so that they can be modified to increase their effectiveness.[41]
- It is important for program planners to consider and address, as much as possible, factors that can have an impact on the validity of the evaluation findings. When possible, the evaluation should involve a control group to ensure that observed changes are the result of the program and not the result of external influences. Use of different types of measures can increase confidence in the data collected to evaluate program effectiveness.

[41] Note: Program planners without expertise in program evaluation are advised to consult with professionals with knowledge and experience in the evaluation of sexual health related programs. For more in-depth discussion of IMB model-based evaluation procedures see Fisher, J. & Fisher, W, 2000; Fisher, W. & Fisher, J., 2002; Fisher, W. & Fisher, J., 1998; Fisher, W., 1997

Example: The evaluation phase of a sexual health education program focusing on cervical cancer prevention and screening might include the following steps:

- At the beginning of the program, have participants fill out a questionnaire that assesses their knowledge of the prevalence, causes, and preventive measures associated with cervical cancer (information), their personal attitudes towards taking the necessary precautions to reduce their risk of cervical cancer (motivation), and their perceived ability and skills to change risk behaviours and seek screening services to reduce the risk of cervical cancer (behavioural skills).
- The questionnaire should directly assess the occurrence and frequency of risk behaviours. In this case, the questionnaire would determine the participant=s level of behavioural risk for cervical cancer and whether she has been screened for cervical cancer and, if so, how frequently.
- As part of the evaluation process, re-administer the questionnaire after the program has been completed to measure the degree of effectiveness.
- Identify parts of the program that require modification.

An Environment Conducive to Sexual Health

The *Guidelines* identify "Creation of an Environment Conducive to Sexual Health" as a fourth key component of sexual health education.

A variety of environmental factors have been recognized as determinants of sexual and reproductive health. These include the following:

i. social and economic circumstances (e.g. income, education, employment, social status, social supports);

ii. access to health services; and

iii. community norms, values and expectations related to sexuality, gender, sexual orientation, and reproduction[42]

❖ Programs based on the IMB model can influence other determinants of sexual health (e.g. personal health practices; individual abilities and coping skills). However, such programs must also address the effects of environmental factors on individual efforts to acquire and apply the knowledge, motivation and skills needed to maintain or enhance sexual health.

Example: Studies have found that areas in Ontario with access to both sexual health education in schools and to clinical services had lower rates of teen pregnancy than did areas that lacked access to community clinics or related sexual health services[43].

[42] Op. cit. Health Canada, 1999

[43] Orton and Rosenblatt, 1991; 1993

Similarly, a geographic mapping study of census tracts in Toronto found that higher birth rates among teens and higher chlamydia and gonorrhea rates in young adults were associated with lower income.[44] Income and access to services are only two of the many examples of the different ways in which the social environment, and particularly social inequality, can affect sexual health.

- **International Comparisons**. An in-depth international comparative study of adolescent sexual and reproductive health in five developed countries (Canada, U.S.A., France, Great Britain, and Sweden) has provided convincing evidence of the role of environmental factors, in influencing sexual health.[45]

  Example: Countries that scored high or very high in levels of economic equality, had access to reproductive health services and sexual health education, and that used the media to promote responsible sexual behaviour were more likely to have lower teen pregnancy and STI rates compared to countries that scored low or very low on these indicators. Data collected for the Canadian component of the study suggested that in Canada, for both early teen pregnancies and STIs, rates vary by geographic region and economic status. Additionally, the age of first intercourse also varies by economic and social status as well as by region of residence.[46]

  In the United States a comprehensive review of research on teenage pregnancy found that environmental factors such as community disadvantage and disorganization, family structure and economic situation, as well as peer, partner, and family attitudes towards sexuality and contraception are directly linked to determinants of adolescent sexual behaviour, use of contraception, pregnancy, and attitudes toward childbearing.[47]

- **Mass Media**. The mass media have become an increasingly powerful force in communicating norms about sexuality and sexual behaviour.[48] However, these messages are often contrary to the creation of an environment conducive to sexual health.

  Example: A content analysis of prime time television indicated that although two thirds of shows had sexual content, less than one tenth contained reference to the risks and responsibilities of sexual activity or made reference to contraception or safer sex.[49] Effective sexual health education programming should address media messages and help individuals to critically evaluate what they see, hear, and read in the mass media while simultaneously relating to diverse sexual norms and practices.

[44] Hardwick and Patychuk, 1999

[45] Darroch, Frost, Singh, et al., 2001

[46] Maticka-Tyndale, McKay, & Barrett, 2001; Maticka-Tyndale, Barrett, and McKay, 2000; Maticka-Tyndale, 2001

[47] Kirby, 2001

[48] Brown & Steel, 1996

[49] Kunkel et al., 1999

- This is also the case for the increasing number of Internet web sites that provide both information and attitudinal messages about sexuality and sexual health. Critical evaluation of the impact of such sites, and of the environment that such information creates, should also be a key part of sexual health education in both the public and not-for-profit sectors.

❖ **Community/Cultural Appropriateness**. Evaluation research literature suggests that sexual health education programs that are community and culturally appropriate are more likely to be effective. That is, programs are effective when education strategies are adapted to the norms and social networks of the target audience.

> *Example:* An effective STI/HIV risk reduction program for low-income women living in housing developments can be adapted to that environment by conducting elicitation research among its residents. This can also be done by identifying and using organizers within the housing developments as educators, and by using housing development events as opportunities to provide effective sexual health education.[50]

Implications for Educators

The research presented above outlines the influence of environmental factors on sexual health. It demonstrates how sexual health programs designed in partnership with communities can influence individuals and help them adopt positive sexual health behaviours. This is particularly true when they are tailored to meet the group's social, economic and cultural circumstances. In order to create an environment that is conducive to sexual health, direct action is needed to alter circumstances that obstruct its improvement. Such changes may require large scale efforts from different sectors in society[51], while others fall within the scope and mandate of sexual health educators. However, if continuous progress is to be made in this area, complete collaboration at all levels (i.e. federal, provincial, terrritorial, community, local and regional) is essential.

[50] Sikkema, Kelly, Winett, et al., 2000

[51] For suggested actions see *Report from a consultation on a Framework for Sexual and Reproductive Health*, Health Canada, 1999

Appendix 1

Examples of Criteria to use in Assessing Programs in Relation to the *Guidelines'* Principles....[52]

Philosophy

The sexual health education activity, program or policy integrates the philosophy of sexual health education presented in the Guidelines.

Example:

- Work with individuals to assess their personal and primary needs where sexual health and sexuality are concerned.
- Communicate with individuals to assess how their age, ethnicity, culture, education, sexual orientation, gender, disability, values and religious beliefs form their views about sexual health and sexuality and how these views influence and affect their behaviour. Understand the central underlying issues associated with the above factors in order to assist program-planners, policy-makers and educators in creating and implementing effective, targeted programs and services that will help to prevent negative outcomes and bring about positive behavioural change.

Principle 1: Access to sexual health education for all

The sexual health education activity, program or policy strengths accessibility for all, as suggested by the Guidelines.

Example:

- Work in partnership and form linkages with federal, provincial, territorial and community organizations to pool together funds and resources in order to ensure continuous development of effective, targeted sexual health education programs, policies or activities. Identify ways to bring people together to meet the funding criteria.
- Build up the systems of supporters and users of the *Guidelines* and develop discussion papers that will be the subject of national debate on the future of sexual health education.

[52] Appendix I offers examples of the kinds of criteria that might be used in assessing or revising programs consistent with the *Guidelines*. It is important to bear in mind that the *Guidelines* are not intended to be a "how to" document, a companion document will be developed for this purpose at a later date.

- Build on and improve access to sexual health education, for example, by making sexual health education learning tools available through the Internet.
- Educate practitioners on how to understand and use the *Guidelines* to ensure that the target population benefits from its key messaging.

Principle 2: Comprehensiveness of sexual health education: integration, coordination and breadth

The sexual health education activity, program or policy sufficiently is comprehensive in terms of the integration, coordination and breadth suggested by the Guidelines.

Example:

- Determine where sexual health education overlaps with related areas and piggy-back on it, focusing on areas with similar content and methodologies. For example sexual health education can be provided as a component of biology, psychology, sociology, anthropology, family studies, religious studies, personal and social development courses, etc. at the primary, secondary and post-secondary levels.
- Partner with health care professionals, parents, and student organizations to create effective sexual health education programs and services in community, educational and clinical settings.

Principle 3: Effectiveness and sensitivity of educational approaches and methods

The sexual health education activity, program or policy incorporates effective and sensitive educational approaches and methods as suggested in the Guidelines.

Example:

- Work strategically with partners to define a shared vision and to identify the main objectives, recognizing and respecting the various ethnic, cultural, social and economic needs of others; provide opportunities to learn from each other.
- Collaborate with provinces, territories and community organizations to identify the key elements/topics of the program area.
- Engage parents and young people in the developmental process by informing them about the benefits of effective sexual health education and the maintenance of sexual health and healthy living. Encourage their input to ensure that programs and services in this area are tailored to meet their needs.

- Create innovative ways to involve peer leaders, identified through key informants in the community, who will act as advocators of sexual health and healthy living. Also work in concert with community leaders, as well as provincial and territorial officials to address any controversy that may arise from this issue.

Principle 4: Training and administrative support

The sexual health education activity, program or policy meets the expectations for training and administrative support suggested by the Guidelines.

- Provide a comprehensive orientation guide for those providing sexual health education. Contents of the guide should include:
  - expected knowledge and ability requirements
  - directed and self-directed activities
  - learning and personal performance evaluation guidelines
- Ensure that job descriptions within the organization have clearly defined statements of qualifications which will help guide staff selection, interviewing and hiring process to ensure that the selected person has a specific level of knowledge, skills and ability to provide sexual health education services.
- Perform a formal evaluation of the professional development of educators on an annual basis, ensuring that in-service planning and professional development activities are based on the learning needs identified through this evaluation process.
- Include as part of the annual budget, funds to support on-going formal in- and out-service training for those providing sexual health education. A specified number of days per year should be allocated for training and professional development in this area.
- Include sexual health education as part of curriculum. Ensure that educational institutions have curricula in place to enable teachers in training as well as medical and nursing students to acquire the knowledge and skills that are needed to provide effective sexual health education. The curricula should be based upon, and evaluated according to the framework outlined in the *Guidelines*.

Principle 5:
Program planning, evaluation, updating and social development

The sexual health education activity, program or policy incorporates the elements of planning, evaluation, updating and social development suggested by the Guidelines.

Example:

- Engage and influence policy-makers in the developmental and evaluation process.
- Analyze factions that may have an impact on policy, planning and evaluation process.
- Create ways to support direct and active involvement of policy-makers, researchers and health care practitioners that will result in the advancement of sexual health education and the development of improved sexual health education programs and services.
- Synthecize and share best practice models (nationally and internationally) for the development of effective sexual health education programs, simultaneously integrating research with policy and practice.
- Develop more and better linkages by expanding the range of provincial, territorial and community-based partners and ensuring that key experts and stakeholders have direct input into the policy, planning, research, and evaluation process.
- Create an Advisory Committee made up of experts from the community, non-governmental organizations and from all levels of government to monitor and evaluate sexual health education programs on a regular basis to ensure that they are meeting the needs of the target audience. Committee members should provide recommendations to modify programs when needed and provide an annual report on the status of sexual health education programs, services and activities (perhaps included as a part of a more comprehensive report on STIs).

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Evaluation Questionnaire
Canadian Guidelines for Sexual Health Education (2003)

Please take the time to complete this questionnaire. Your feedback on the Canadian Guidelines for Sexual Health Education is very important for future planning and further development of the Guidelines.

1. Please indicate your primary role as it relates to Sexual Health Education/Promotion:

- ❍ Program planner - health
- ❍ Curriculum developer - education
- ❍ Post-secondary professor
- ❍ Researcher
- ❍ Counsellor
- ❍ Clinical service provider
- ❍ Resource developer
- ❍ Sexual health educator
- ❍ Teacher - elementary school
- ❍ Teacher - secondary school
- ❍ Other: _____

2. How did you find out about the *Canadian Guidelines for Sexual Health Education*?

- ❍ Conference
- ❍ Website
- ❍ Workplace
- ❍ Publication
- ❍ Other: _____

3. Have you used the *Canadian Guidelines for Sexual Health Education* in the past?

❍ Yes ❍ No If yes, how have you used the *Guidelines*

- ❍ curriculum development
- ❍ sexual health service planning
- ❍ supporting document for research
- ❍ guide classroom education
- ❍ educational program planning
- ❍ educational material/resource development
- ❍ guide policy and program development
- ❍ guide for best practices in sexual health ed.
- ❍ Other: _____

4. Please indicate your impression of the *Guidelines* using a scale of 1 to 4.
(1 = poor, 2 = fair, 3 = good, 4 = excellent)

Readability	1	2	3	4
Layout	1	2	3	4
Content	1	2	3	4
Usefulness	1	2	3	4

Evaluation Questionnaire (continued)

5. Please read and circle a response to the following statements:

- The *Guidelines* provide guidance for promoting effective practices in sexual health promotion.
  ❍ Strongly Disagree ❍ Disagree ❍ Don't know ❍ Agree ❍ Strongly Agree
- The *Guidelines* outline the importance of sexual health education.
  ❍ Strongly Disagree ❍ Disagree ❍ Don't know ❍ Agree ❍ Strongly Agree
- The *Guidelines* provide direction for the further development of sexual health policies.
  ❍ Strongly Disagree ❍ Disagree ❍ Don't know ❍ Agree ❍ Strongly Agree
- The *Guidelines* provide direction for the further development of sexual health education programs.
  ❍ Strongly Disagree ❍ Disagree ❍ Don't know ❍ Agree ❍ Strongly Agree
- The *Guidelines* provide a useful frame of reference for evaluating existing policies and programs related to sexual health.
  ❍ Strongly Disagree ❍ Disagree ❍ Don't know ❍ Agree ❍ Strongly Agree
- I will use the *Guidelines* in my area of work.
  ❍ Strongly Disagree ❍ Disagree ❍ Don't know ❍ Agree ❍ Strongly Agree
- I would recommend this document to colleagues.
  ❍ Strongly Disagree ❍ Disagree ❍ Don't know ❍ Agree ❍ Strongly Agree

6. List up to three things you like about the *Guidelines*:

7. What are your recommendations for further development or improvement to the *Guidelines*?

Correspondence: Community Acquired Infections Division, Centre for Infectious Disease Prevention and Control, Population and Public Health Branch, Health Canada, Tunney's Pasture, Ottawa, Ontario, K1A 0K9

Please fax this completed evaluation to the attention of the Community Acquired Infections Division at (613) 957-0831

Thank you for your input